PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docke: Number

		CLAIMS A				۵۱			ENTITY		. — .	THAN
<u></u>	TAL CLAIMS		(Column 1)		(Column 2)			TYPE		_OF.	SMALL	
TOTAL CLAIMS							_	RATE	FEE	4	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA		A	BASIC F	EE	OR	BASIC FEE	950.
TC	TAL CHARGE	ABLE CLAIMS	22 / 3minus 20= 1		2			XS 9=		OR	XS18=	36.
INDEPENDENT CLAIMS 3 minus					· _			X43=		OR	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					-145=	1	OR	-290=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	?	TOTAL		OR	TOTAL	9509
	C	LAIMS AS A	MENDE					SMALL ENTITY			OTHER	
		(Column 1)	(Column 2) (Column			n 3)	OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESE EXTR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	- 2	2	= 0		X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	3	<u> </u>	= 0		X43= ·		OR	X86=	
۹ —	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	. +290=	
								TOTA		1	TOTAL	
		(0.1 1)		10 al. m	()	(Colum	n 21	ADDIT. FEI	£ _]0	ADDIT. FEE	·
AMENDMENT B		(Column 1) CLAIMS	r	(Colum		COILLIN	7		ADDI-	1 1	1	ADDI-
		REMAINING AFTER		NUMB PREVIO		PRESE		RATE	TIONAL		RATE	TIONAL
		AMENDMENT		PAID F			_	ļ	FEE		•	FEE_
	Total	•	Minus	••		=	_	X\$ 9=	<u> </u>	OR	X\$18=	
ME	Inaependent	<u>. </u>	Minus	***	~	=	_	X43=		OR	X86=	
•	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=	
						. •	· .	TOTAL			TOTAL	
					- 01:	Colum	. 21	ADDIT. FEE		1.011	ADDIT. FEE	:
_		(Column 1) CLAIMS		(Colum HIGHE		(Colum	13)		LACOL			ADDI-
ပ		REMAINING .		NUMB		PRESE		RATE	ADDI- TIONAL		RATE	TIONAL
AMENDMENT		AFTER AMENDMENT		PREVIO		EXTR		TIATE	FEE			FEE
	Total	•	Minus	**		u		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	ė.	•	= .		X43=		OR	X86=	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
								+145=		OR	+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.										OR ;	TOTAL ADDIT. FEE	
	d the Miliabard Mill	mber Previously Pa ber Previously Paid	:4 E~* IN THI	C CDACE ic	Lece that	n 3. enter	J			c in coli	uma 1.	
•	ing rightsi nom	C. T. C. WOOSIN PER	VIOLOI O									
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21. The following	ing fees are submi	CALCULATIONS PTO USE ONLY								
BASIC NATIONAL	•									
Neither internation	al preliminary exa				V					
Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO										
International prelin USPTO but Interna	ninary examination ational Search Rep	;								
International prelin	ninary examination arch fee (37 CFR									
International prelin but all claims did n										
	• •		37 CFR 1.482) paid to US		l					
and all claims satis	fied provisions of	PCT A	article 33(1)-(4)	\$100.00						
	R APPROPRI	s	950.00	9 <u> </u>						
Surcharge of \$130.0 from the earliest clai	0 for furnishing th med priority date	0 months	s	·						
CLAIMS	NUMBER FILE	D	NUMBER EXTRA	RATE	\$					
Total claims	22 - 20	=	2	x \$18.00	\$	36.00				
Independent claims	3 - 3		0	x \$86.00	\$	0.00				
MULTIPLE DEPEN	DENT CLAIM(S)	(if app	olicable)	+ \$290.00	\$	0.00				
			OF ABOVE CALCU		\$	986.00				
Applicant claim are reduced by	is small entity stat 1/2.	us. Se	e 37 CFR 1.27. The fees	indicated above	\$					
,			ŞŢ	JBTOTAL =	\$	988.00				
Processing fee of \$1 from the earliest claim	30.00 for furnishing med priority date	s	0.00	· · · · · · · · · · · · · · · · · · ·						
		NAL FEE =	\$	986.00						
Fee for recording the accompanied by an a	enclosed assignmappropriate cover	S	40.00							
			TOTAL FEES E	NCLOSED =	\$	1,026.00				
			ount to be refunded:	\$						
						charged:	\$			
			1 026 00				<u> </u>			
a. A check in the amount of \$to cover the above fees is enclosed.										
b. Please charge my Deposit Account No. 02-4467 in the amount of \$ 1,026.00 to cover the above fees. A duplicate copy of this sheet is enclosed.										
c. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any										
overpayment to Deposit Account No. <u>02-4467</u> . A duplicate copy of this sheet is enclosed.										
d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.										
SEND ALL CORRESPONDENCE TO:										
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REGISTRATION NUMBER										